

Date In: 5/10/18 11:40	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18018077164	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SGH 3655R	i-Motor Claim Form	MT/1014462 ⁰⁰¹	5/10/18 15:08
DTCA: 4110/18 18:40	i-Motor W/O (Within, OD 2hrs, TP 4hrs)		
OT: <input checked="" type="radio"/> Reporting Only	i-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

IP Particulars: Vch No: SBR 5280 G. INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Rst Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repaiier.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 1806367		Invoice Preparation Checklist		And (\$)	And (\$)
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$30)			
Contact No:		3) TP : Towing Fee \$40/\$45			
Damaged Portion:		4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) PT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:		6) TR : Re-inspection \$75			
Cat. 2/3:		7) N1 : Idno DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		QD*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11) : TP (Non INC) against INC \$20			
		9) N12: Idno Mobile \$0			
		Invoice dated	Fax Charged		
		Invoice dated	Fax Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/10/2018 11:40
Date Of Accident	04/10/2018 18:40
Exact Location Of Accident	JUNC WITH BT TIMAH RD & CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH3655R
Insured/Policyholder	
Name Of Registered Owner	SUM WAI HONG
NRIC No	S8009941Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94558613
Alternative Phone No	OFFICE-94558613

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101126377
Cover Note Number	-

Driver

Name of Driver	SUM WAI HONG
NRIC No	S8009941Z
Date Of Birth	24/03/1980
Occupation	INDOOR
Date Of Driving Pass	23/02/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94558613
Fax Number	
Contact Number	OFFICE-94558613
EMail Address	NOEMAIL

Address	BLK 305 JURONG EAST ST 32 #05-146
Postcode	600305
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG BT TIMAH RD WHILE APPROACHING JUNC WITH CLEMENTI RD, VEH INFRONT OF ME STOP DUE TO TRAFFIC CONGESTED, AS SUCH I FOLLOW TO STOP, ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SBR5280G) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBR5280G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVIS CHENG SOONG LIN
NRIC/Passport Number	S9235708B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Sketch plan showing the intersection of Clementi Rd and Bt Timah Rd. The plan includes a grid and labels for the roads and vehicles involved.

Clementi Rd

Bt Timah Rd

A = SGH 3655R

B = SBR 5280G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8009941Z**
 Name: **SUM WAI HONG (CEN WEIKANG)**

Birth Date: **24 Mar 1980**
 Issue Date: **22 Feb 2003**



000228054A

REPUBLIC OF SINGAPORE



IDENTITY CARD NO. S8009941Z



Name: **SUM WAI HONG (CEN WEI KANG)**
岑伟康


Race: **CHINESE**
 Date of birth: **24-03-1980** Sex: **M**
 Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	15 Dec 1999
Class 2A	Motorcycles between 201 CC and 400 CC	27 Nov 2001
Class 2	Motorcycles > 400 CC	05 Dec 2006
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	23 Feb 1999

S/No. 9000060038

S8009941Z



NP 4-1A

4551352



NRIC No. **S8009941Z**



Date of issue: **30-03-2010**

APT BLK 305 JURONG EAST STREET 32 #05-146
SINGAPORE 600305

NRIC No: **S8009941Z** Date: **09/02/2015**

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/10/2018 11:37"/>
Vehicle No.(For Motor)	<input type="text" value="SGH3655R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101126377		SUM WAI HONG	S8009941Z	GPC	drive CLASSIC	SGH3655R	SGH3655R	08/06/2018	07/06/2019

Claim Handling

Accident MT/1014462

Policy No.	5101126377	Vehicle No.	SGH3655R	GST Registration No.	
Certificate No.					
Policyholder Name	SUM WAI HONG			Policyholder NRIC	S8009412
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94558613	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	05/10/2018 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	04/10/2018	Time of Accident hh:mm	18:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC WITH BT TIMAH RD & CLEMENTI RD				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			0.00
Third Party Excess	0.00	Outside Singapore TP Excess			0.00

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 305 #05-146	Address 2	JURONG EAST STREET 32	Address 3	HONG
Address 4	SINGAPORE 600305	Address Type	Singapore address	Post Code	600305
Unit No.	#05-146	Related Policy Number	5101126377		

OI Driver Info

Driver Name	Sum Wai Hong	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S80099412	Driver DOB	24/03/1980
Register Date of Driver License	01/01/2016	Driver Age	38	Driving Experience	2
Contact No.(Mobile)	94558613	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 305 #05-146	Address 2	JURONG EAST STREET 32	Address 3	HONG
Address 4	SINGAPORE 600305	Address Type	Singapore address	Post Code	600305
Unit No.	#05-146				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SUM WAI HONG
Contact No.(Mobile)	94558613	Contact No. (Home)	86657867
Email Address	sumwh@philip.com.sg	OI Vehicle Number	SGH3655R
Claim Description	SGH3655R / SBR5280G ON 4 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	05/10/2018 15:07	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1014462
☒ Yes ☐ No

Claim No.
Upload Date

001
05/10/2018 15:06

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal




Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:08	SAS	Normal	SAS 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:08	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:08	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:07	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:07	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:07	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:07	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:07	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2018 15:07	Photos	Normal	Photos 2018-10-5

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading